

**Application to become a PPV Partner of London Immunisation Partnership Board**

v 0.1

**Guidance notes**

Please read the **application information pack** before completing this form, to ensure you fully understand the application process, and to determine whether you have the skills, experience and time to become a Patient and Public Voice (PPV) Partner.

Please submit only one application form for each person applying to become a PPV Partner.

You can either apply yourself, or on behalf of another person (with their agreement).

Please note the closing date for all applications is **December 31st 2019.**

Please complete and return this application form, along with the **Equal Opportunities Monitoring Form** to: [jack.copas@nhs.net](mailto:jack.copas@nhs.net) or Mr Jack Copas, Public Health Commissioning Team, 1st Floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG.

**About you**

|  |
| --- |
| **Full name:** |
| **Title (for example Mr, Mrs, Ms, Miss):** |
| **Preferred name:** |
| **Are you aged 18 or over?** Yes / No (please delete as applicable) |
| **Address:** |
| **Postcode:** |
| **Daytime contact telephone number:** |
| **Mobile telephone number:** |
| **Email address:** |
| **Please select the option that best applies to you. I am a:**  Patient or health service user (current or previously)  Carer of a patient currently / previously using health services  Advocate, volunteer or officer of a relevant charity or organisation  Other (please state): |
| **Do you have any additional needs or need particular support from NHS England to enable you to participate?**  Yes / No (delete as applicable). If yes please explain.  **Are you able to use telephone, email and the internet to communicate and take part in meetings?**  We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs.  Yes / No (delete as applicable). Comments: |
| **How did you find out about this role?**  In Touch newsletter  NHS England and NHS Improvement website  Social media  Word of mouth  Other NHS England and NHS Improvement newsletter  Other, please explain: |
| **Are you able to commit to the time commitment outlined in the application pack?**  Yes / No (delete as applicable). Comments: |
| **Do you hold any other PPV Partner roles?**  Please note that NHS England and NHS Improvement PPV Partners can hold a maximum of three roles that attract an involvement payment at any one time, and a maximum of five roles that do not attract a payment.  Yes / No (delete as applicable). If yes, please provide details: |

**Skills and experience**

You should refer to information provided in the **application information pack** before completing this section.

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| --- |
| **Please tell us why you would like to apply for this role.** |
| **Please tell us about any organisations or networks relevant to health and care services that you have an interest in or are a part of.** |
| **Please tell us your experience of giving a public involvement / patient / carer / voluntary sector perspective.** |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the 'roles, responsibilities and required skills of Patient and Public Voice Partners' section of the information pack.** |

**References**

Please provide us with two references. Your referee should be someone who cancomment on your suitability and experience/skills related to the role.

Please include the name, job title, address, telephone number and email address of both of your referees.

|  |  |
| --- | --- |
| **Reference 1** |  |
| **Reference 2** |  |

**Thank you for your application.**

Please complete and return this application form, along with the **Equal Opportunities Monitoring Form** to [jack.copas@nhs.net](mailto:jack.copas@nhs.net) or Mr Jack Copas, Public Health Commissioning Team, 1st Floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG.



# Patient and Public Voice (PPV) Partners Equal Opportunities Monitoring Form

**Why we are asking you to complete this form**

NHS England and NHS Improvement are committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented.

**Data protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data you have provided to inform discussions about how to improve the diversity of our PPV Partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 2018.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation.

If you have a question or concern about how we process your data, or you would like us to delete your data from our records, you can contact us by emailing [england.londonimms@nhs.net](mailto:england.londonimms@nhs.net). If you are unhappy with how we have handled your data, you also have a right to complain to the Information Commissioner’s Office (ICO).

[NHS England's Privacy Notice](https://www.england.nhs.uk/contact-us/privacy-notice/) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will process your information in accordance with the requirements of the Data Protection Act 2018.

If you would like this information in an alternative format, or would like help in completing the form, please contact us [england.londonimms@nhs.net](mailto:england.londonimms@nhs.net).

**Equal opportunities information**

**What year were you born?**

\_ \_ \_ \_

* Prefer not to say

**Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

* Yes, limited a little
* Yes, limited a lot
* No
* Prefer not to say

**If you answered ‘yes’ to question 2, please indicate your disability:**

* Vision (e.g. due to blindness or partial sight)
* Hearing (e.g. due to deafness or partial hearing)
* Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
* Learning or concentrating or remembering
* Mental Health
* Stamina or breathing difficulty
* Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)
* Other impairment
* Prefer not to say

**What is your ethnic group?**

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

1. White

* Welsh / English / Scottish / Northern Irish / British
* Irish
* Gypsy or Irish Traveller
* Any other White background, please write in………………………………………….

1. Mixed

* White and Black Caribbean
* White and Black African
* White and Asian
* Any other mixed background, please write in……………………………………….....

1. Asian or Asian British

* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background, please write in…………………………………………..

1. Black or Black British

* Caribbean
* African
* Any other Black background, please write in…………………………………………..

1. Other ethnic group

* Arab
* Any other, please write in………………………………………………………………...
* Prefer not to say

**Which of the following options best describes how you think of yourself?**

* Woman (including trans woman)
* Man (including trans man)
* Non-binary
* In another way
* Prefer not to say

**Is your gender identity the same as the gender you were given at birth?**

* Yes
* No
* Prefer not to say

**What is your legal marital or civil partnership status?**

* Divorced
* Formerly in a registered civil partnership which is now dissolved
* In a registered civil partnership
* Married
* Never married and never registered a civil partnership
* Separated, but still in a registered civil partnership
* Separated, but still legally married
* Surviving partner from a registered civil partnership
* Widowed
* Prefer not to say

**What is your religion?**

* No religion
* Atheist
* Buddhist
* Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
* Hindu
* Jewish
* Muslim
* Sikh
* Any other religion, please write in……………………………………………………….
* Prefer not to say

**Which of the following options best describes how you think of yourself?**

* Bisexual
* Gay
* Heterosexual / Straight
* Lesbian
* In another way
* Prefer not to say

**Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?**

* No
* Yes, 1-19 hours a week
* Yes, 20-49 hours a week
* Yes, 50 or more hours a week
* Prefer not to say

Thank you for completing these equal opportunity monitoring questions. Please return your completed survey by email to [jack.copas@nhs.net](mailto:jack.copas@nhs.net) or Mr Jack Copas, Public Health Commissioning Team, 1st Floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG.